

DS-4820 Rev. 7/04 AUTHORITY: Act 94, PA 1979, as amended. COMPLETION: REQUIRED. (Failure to file may result in withholding of funds.)	Michigan Department of Education OFFICE OF STATE AID AND SCHOOL FINANCE 608 W. Allegan Street P.O. Box 30106, Lansing, Michigan 48909	<i>Direct questions regarding this form to the Office of State Aid and School Finance at (517) 335-4059.</i> FAX NUMBER: (517) 241-0196
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THIS FORM IS ALSO AVAILABLE ON THE INTERNET AT:
http://www.michigan.gov/documents/ds4820_state_equalvalue_14332_7.pdf

PRIOR YEAR STATE EQUALIZED VALUATION CHANGES

State School Aid Act

EDUCATIONAL AGENCY	Legal Name of School District	District Code Number	Telephone (Area Code)
	Address	City	Zip Code

INSTRUCTIONS:

1. Use this form **ONLY** for State Equalized Valuation (SEV) adjustments for tax years preceding 1994. Prior year adjustments can be made for any year prior to tax year 1994. **Each separate adjustment year** will need a page 1 of this form (DS-4820) for certification and a page 2 with detail. Duplicate blank DS-4820, pages 1 and 2, as needed. Please do not duplicate adjustments sent previously. Adjustments will be made only for those districts which were in-formula during the year for which the adjustment is requested. **ADJUSTMENT REQUESTS MUST BE SEPARATED BY YEAR.** Report on DS-4820, page 2, only the total amount of SEV increase or decrease for which you have documentation (MTT, STT, etc. final decision) on file. All requests must be signed by the superintendent. A copy of this form, completed and signed, must be sent to your intermediate district. Retain a copy for your files.
2. **ANY** adjustments for tax years beginning with 1994 will be made by your county treasurer on the State Aid Taxable Value System.

CERTIFICATION:

I hereby certify that the information submitted on this report is true and correct to the best of my knowledge. The attached adjustment request has not been previously submitted.

SIGNATURE OF SUPERINTENDENT OF SCHOOL DISTRICT _____

NAME OF CONTACT PERSON _____

TELEPHONE NUMBER () _____

DATE _____

ADJUSTMENT YEAR: FY 19 ____ / ____

● **SCHOOL DISTRICT CODE:** _____

DOCKET, ETC., NUMBER	ORIGINAL S.E.V.	REVISED S.E.V.	DIFFERENCE IN S.E.V.
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